

Care Bolton Limited

A1 Homecare Agency

Inspection report

20 St Helens Road
Bolton
Greater Manchester
BL3 3NH

Tel: 01204430837

Date of inspection visit:
18 October 2019

Date of publication:
12 November 2019

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

People's experience of using this service and what we found

The people who used the service were a family member and a family friend of the provider who is also the registered manager. Both people were in receipt of direct payments which enabled them to choose their preferred provider.

People's needs, and preferences were met by staff who knew the people well. There were three members of staff employed at the agency. Two carers were the providers relatives and there was one other part time carer.

Staff had appropriate recruitment checks in place to ensure they were suitable to work with vulnerable people.

Staff had undertaken safeguarding training and the registered manager knew how to report any concerns of abuse. Suitable policies and procedures were in place for staff to refer to if required.

Staff were not administering medicines. However, there was a medication policy in place should circumstances change. Staff had completed medication training. However, this required updating. Following our inspection, the provider sent us confirmation showing dates of booked medication training.

People were safely supported, risk assessments about their care and support were assessed and had been reviewed.

Peoples support plans were followed in practice. Any changes to the care plan had been amended appropriately.

Systems were in place for the recording and responding to complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was Good (published April 2017).

Why we inspected

The was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as part of our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

A1 Homecare Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This inspection was announced.

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality team and the local authority safeguarding team. No concerns were raised about this service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We reviewed a range of records. This including both care files and three staff files in relation to recruitment and staff supervision. We also looked a several policies and procedures. As part of the inspection we spoke with the registered manager and contacted one member of staff. We did not speak with people who used the service as they were family members and friends of the provider .

After the inspection

Immediately after the inspection the registered manager provided us with an updated list of refresher training courses they had booked for staff to attend, minutes of a team meeting and minutes of a group staff supervision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems were in place to safeguard people from abuse

- The registered manager had procedures in place to ensure that people who used the service and staff were safe. These included company and local authority procedures and policies relating to safeguarding vulnerable adults.
- All staff had received safeguarding training on commencing work at the service. However, refresher training was required. Following our inspection, the provider forwarded dates for staff to update safeguarding training.
- Records showed there had been no safeguarding referrals since our last inspection.

Assessing risk, safety monitoring and management

- Support was delivered in way that supported people's safety and welfare. Risk assessments were in place and reviewed when required.
- The service offered support to meet people's needs. These included personal care and support and assistance with daily living tasks.

Staffing and recruitment

- Safe recruitment practices were followed. This included a range of pre-employment checks, for example, completion of an application form, references, other forms of identification and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

Using medicines safely

- At this inspection staff were not administering medication to people. Staff were prompting and checking if medication had been taken by people who used the service. Staff had received training in the safe use of medicines. However, staff would benefit from refresher training to ensure they were aware of best practice guidelines.

Preventing and controlling infection

- Infection control policies and procedures were in place for staff to refer to if required. All staff had completed training for the prevention and control of infection. Following our inspection, the registered manager forwarded dates confirming refresher training in infection control had been booked.
- Staff had access to disposable gloves and aprons when caring out personal care tasks.

Learning lessons when things go wrong

- People who used the service had access to an 'on call' service.
- In the event of any accidents or incidents systems were in place to track any trends or patterns that would help prevent reoccurrences

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed, and a care plan drawn up before people received a service. The care plan included, background information including medical history and ongoing conditions, personal care and how they people wished to be supported.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and understood how to support them.
- Staff completed induction on commencing work at the service. Staff had completed training relevant to their role. Refresher training for two members staff was overdue. However, following our inspection the registered manager forwarded confirmation and dates of refresher training.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager confirmed that staff did not prepare or provide food for either of the people they were supporting. Occasionally staff would be asked to offer a light breakfast and drinks during visits.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked with social workers and other professionals who were involved with the people they were supporting.

Adapting service, design, decoration to meet people's needs

- At the initial assessment the registered manager checked to see what equipment if any was required. The registered manager confirmed that neither person supported required any equipment to assist with moving people safely.

Supporting people to live healthier lives, access healthcare services and support

- Relatives took the responsibility of ensuring people who used the service had access to healthcare services. Emergency contact details for family and the persons GP were documented in care files.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. The registered manager had a clear understanding of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service respected people's diversity. People's beliefs and faith were included in the support plan. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender.
- The service provided care for two people who spoke Gujarati. Care staff were able to communicate with them in Gujarati.

Supporting people to express their views and be involved in making decisions about their care

- There was evidence in the care records to demonstrate that people and their relatives were involved in the care planning and reviews. People who used the service had agreed to and had signed their care plan.
- The registered manager completed reviews and met with people who used the service.

Respecting and promoting people's privacy, dignity and independence

- We saw that confidentiality was respected by staff. Records in the office were securely stored and staff has access to them as required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who used the service had an individualised plan of care, drawn up with them and based on an assessment of their need, wishes and preferences.
- A daily report sheet was completed following each visit. This meant that at the next visit staff were fully aware of what had occurred at the last visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff providing care were bilingual which allowed them to communicate with people who used the service and English-speaking relatives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided minimal care and support to people who used the service. Families were the main people in offering social and cultural activities.

Improving care quality in response to complaints or concerns

- Systems were in place to receive and respond to complaints. There had been no concerns or complaints raised since our last inspection.

End of life care and support

- At the time of the inspection no one was receiving end of life care. Any discussions around this topic would be suitably addressed with regard to people's culture and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred, open, inclusive and empowering, which achieves good outcomes for people high-quality care and support; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had implemented policies, procedures ensuring standards were maintained.
- The registered manager was clear about the role of the Duty of Candour in improving the sharing of information and development of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager. The registered manager understood their duty to report any issues affecting the service. For example, safeguarding's concerns or serious incidents to the Care Quality Commission (CQC).
- The registered manager and staff had clearly defined roles and responsibilities. Basic systems were in place ensure to the smooth running of the service.
- Staff were kept informed with information about people's changing needs through daily communication with the registered manager and through the company WhatsApp.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were enabled to take control of how they wished their care and support to be provided.
- Basic audits and assessments of risk were reflected through people's views and experiences of the service. Information was gathered through reviews, home visits and team meetings and questionnaires.

Continuous learning and improving care; working in partnership with others.

- Where necessary the service would work alongside other healthcare professionals so that people's needs were appropriately met, and their health maintained.